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DATE: November 4, 2002

TO: Examiner Ronald B. Schwadron, Group Art Unit 1644

COMPANY: U.S. Patent &amp; Trademark Office

FAX NO.: 1-703-305-3014

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FROM: Cathleen M. Rocco, Reg. No. 46,172  
Direct Dial Telephone No.: (650) 845-4587RE: AUTOANTIGEN-LIKE PROTEIN  
Inventors: Lal et al.  
Serial No.: 09/758,498; Filing Date: January 10, 2001  
Incyte Docket No.: PF-0385-1 DIV

PAGES : 13 (including cover)

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the attention of Examiner Ronald B. Schwadron, Group Art Unit 1644, U.S. Patent and Trademark Office to Facsimile No. 1-703-305-3014 on the date shown below.

Joyce Alvaro  
Signature

November 4, 2002  
Date

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Docket No.: PF-0385-1 DIV

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*Joyce Almon*November 4, 2002  
Date

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lal et al.

Title: AUTOANTIGEN-LIKE PROTEIN

Serial No.: 09/758,498 Filing Date: January 10, 2001

Examiner: Schwadron, R. Group Art Unit: 1644

## Box Non-Fee Amendment

Commissioner for Patents  
Washington, D.C. 20231TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Response to Restriction Requirement (9 pp.); and
2. Certificate under 37 C.F.R. §3.73(b), Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below.

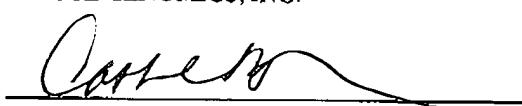
Claims	Claims After Amendment	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	20	-	20	x\$18.00	\$	0
Indep.	2	-	3	x\$84.00	\$	0
				Total Fee:	\$	0

 No additional Fee is required. Please charge Deposit Account No. 09-0108 in the amount of: \$ \_\_\_\_\_

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: 4 November 2002
  
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